

## **GUIDE TO SPECIAL FARMER WINERY LICENSES TO SELL**

Pursuant to MGL c138 s15F, a license must be obtained before selling wine at an agricultural event. Licensure is valid for the approved event only. The License fee is \$50.00.

To complete the application:

1. Fill in the Application for a Special Farmer Winery License. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers Compensation Insurance Affidavit.
2. Attach proof of certification that the applicant is a Farmer Winery.
3. Attach proof of certification that the event is an Agricultural Event.
4. Proceed to each of these Departments to obtain sign-offs:
  - A. Fire Prevention Bureau: Monday – Friday, 8:00 – 10:00 AM, 3:00 – 4:00 PM  
Franey Road (adjacent to Trum Field on Broadway)  
617 623-1700 x8400
  - B. Inspectional Services Division: Monday – Friday, 8:00 AM – 4:00 PM  
Franey Road (adjacent to Trum Field on Broadway)  
617 625-6600 x5600
  - C. Police Department: Monday – Friday, 8:30 – 4:00 PM  
220 Washington Street  
617 625-6600 x7200
5. If you own property in Somerville, proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:

Treasury	Monday–Wednesday, 8:30 AM – 4:00 PM
93 Highland Avenue (City Hall)	Thursday, 8:30 AM – 7:00 PM
617 625-6600 x3500	Friday, 8:30 AM – 12:00 PM
6. Submit the application and the fee to the Licensing Commission, City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100 (fax 617 625-4239). The Licensing Commission usually meets on the 3<sup>rd</sup> Monday of the month. Applications must be submitted at least ten days before the meeting. Applicants must attend the meeting.

# APPLICATION FOR A SPECIAL FARMER WINERY LICENSE TO SELL

Application Fee \$0 License Fee \$50

Date \_\_\_\_\_

FOR LICENSING COMMISSION ONLY

Date Recorded \_\_\_\_\_

Amount Paid \_\_\_\_\_

Farmer Winery Legal Name: \_\_\_\_\_

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ Check one: ☐ SSN ☐ FEIN

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Name of Agricultural Event: \_\_\_\_\_

Location: \_\_\_\_\_

Items for Sale and/or Sampling: \_\_\_\_\_

Date(s) and Time(s): \_\_\_\_\_

Estimated attendance at any one time: \_\_\_\_\_ Estimated total attendance: \_\_\_\_\_

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust  
☐ Corporation (inc. LLC) ☐ Other \_\_\_\_\_

## IF A SOLE PROPRIETOR:

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

## IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Have you ever obtained a special farmer winery license to sell before? Y \_\_ N \_\_

If yes, list event(s): \_\_\_\_\_

\_\_\_\_\_

Have you ever had a special farmer winery license denied, revoked or suspended? Y \_\_ N \_\_

If yes, explain: \_\_\_\_\_

Attach proof of certification that the applicant is a Farmer Winery.

Attach proof of certification that the event is an Agricultural Event.

### ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Obtain the signatures below before submitting this form to the Licensing Commission.*

__Approved __Denied Date _____ _____ Fire Prevention Deputy Chief or Designee	__Approved __Denied Date _____ _____ Inspectional Services Sup't or designee
__Approved __Denied Date _____ _____ Police Chief or designee	

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

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\*Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

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\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: \_\_\_\_\_

Address of taxpayer/applicant's business in Somerville: \_\_\_\_\_

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, (print name) \_\_\_\_\_, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**, this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_

(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** \_\_\_\_\_ **INCLUDES RELEVANT POSTINGS THROUGH:** \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

☐ Real Estate      ☐ Water/Sewer      ☐ Personal Property      ☐ Other: \_\_\_\_\_

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** \_\_\_\_\_

**ORIGINAL STAMP:**

***The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111***

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

- |  |                       |  |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> | <input type="checkbox"/> Retail  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  |                       | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. |                       | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          |                       | <input type="checkbox"/> Nonprofit                                     |
|  |                       | <input type="checkbox"/> Entertainment                                 |
|  |                       | <input type="checkbox"/> Manufacturing                                 |
|  |                       | <input type="checkbox"/> Health Care                                   |
|  |                       | <input type="checkbox"/> Other _____                                   |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Applicant certification:**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

***Official use only. Do not write in this area. To be completed by city or town official.***

**City or Town:** \_\_\_\_\_ **Permit/License #:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

- ☐ **Board of Health**
- ☐ **Building Department**
- ☐ **City/Town Clerk**
- ☐ **Licensing Board**
- ☐ **Selectmen's Office**
- ☐ **Other** \_\_\_\_\_

